monthly e-newsletter. A free online design and publishing platform was utilised to allow for input from multiple editors and contributors. It was co-ordinated by a senior registrar with supervision from a consultant. The broad sections included:

- Learning from cases – the case-mix ranged from common paediatric presentations to tertiary-level retrieval cases. Content included examples of excellent clinical practice, current guidelines, theoretical knowledge, practical skills refreshers and MRCPCH exam tips.
- Public Health information – featuring a 'Health Promotion Post-it'.
- Self-care and resilience – useful tips to thrive and enjoy work.
- Positivity and team celebrations – compliments were published directly from the 'Gold Star' board, a positivity board where any staff member's everyday achievements can be highlighted. Departmental events and socials were advertised.

Results Over a twelve month period, eleven ACE e-newsletters were created and disseminated across the Trust's two sites. In the latest edition, medical students were supported by the editorial team to have features in the newsletter. Other departments are expressing an interest in producing their own e-newsletter. After encouraging informal feedback following each edition, the team are currently collecting more formalised feedback via survey.

Conclusion Empowering trainees to lead on projects like the ACE e-newsletter enables them to educate and inspire others through shared learning. The newsletters have attracted significant praise from other departments within and across the Trust. Trainees are leading their Paediatric department through a cultural change by utilising Appreciate Inquiry techniques (learning by recognising 'the things that go well' rather than solely identifying errors) thereby learning more holistically from patient safety issues or events.

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G380 A TRAINEE-LED INDUCTION DAY FOR NEW FIRST YEAR PAEDIATRIC TRAINEES

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Aims One training region offers a free Induction Day, designed and led by paediatric trainees, to new ST1 trainees annually. It aims to prepare trainees to start training, whilst instilling them with confidence and enthusiasm.

Methods The optional Induction Day occurs on the Friday before training commences. The programme includes topics which trainees are apprehensive about, including paediatric emergencies and neonatal medicine, and topics which are important to them, such as sleep and ePortfolio. Pocket cards are distributed detailing normal parameters, Newborn Life Support (NLS) and emergency calculations. Trainees can

network, and free Headspace subscriptions are provided to support their wellbeing. The region provides NLS training at cost, targeting those starting on neonatal units. Attendees are invited to complete a feedback questionnaire.

Results 85 (81.7%) new ST1s attended the 2019 Induction Day. 62.4% provided feedback. Table 1 shows trainees' fears before the Induction Day.

Abstract G380 Table 1 Trainees' fears

	Number	%
Lacking knowledge/experience	15	28.3%
Emergencies	14	26.4%
Neonatal medicine	11	20.8%
New environment	8	15.1%
ePortfolio and exams	7	13.2%
Being unsupported	5	9.4%
Rota	4	7.5%

Abstract G380 Table 2 Most useful aspects

	Number	%
ePortfolio	22	41.5%
Prescribing	19	35.8%
IT and apps	17	32.1%
Assessment of the sick child	12	22.6%
Structure and assessments	12	22.6%
Sleep	6	11.3%
Safeguarding	4	7.5%
Surviving ST1	4	7.5%
Neonatal medicine	3	5.7%

50 trainees (94.3%) felt more prepared to start training following the Induction Day. Table 2 shows the sessions trainees found the most useful.

Trainees requested additional time for ePortfolio and competencies, and further opportunities to identify trainees at the same Trust.

Attendees said:

- 'Excellent all round. Well organised, lovely atmosphere, informative and engaging.'
- 'Fantastic day, really appreciated the focus on looking after ourselves, and also the huge amount of enthusiasm and positivity surrounding the training programme'
- 'Really nice to see how excited and supportive everyone is!'

Conclusions The Induction Day is an effective way to support trainees starting paediatric training, preparing them and increasing their understanding of the training pathway. They enter training with a supportive network of colleagues and an emphasis on self care.

G381(P) AN UNUSUAL CASE OF MYCOBACTERIUM

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Mycobacterium abscessus is a non-tuberculous mycobacterium which is found widely in soil and water. It is mostly known to cause infection in immunocompromised patients or those with an underlying lung disease, but infection is increasingly seen in otherwise healthy patients. It is commonly multi-drug resistant and presents a challenge for eradication.

This case highlights the presentation of a previously well 2 month old with pulmonary *Mycobacterium Abscessus* infection. Initial treatment involved a prolonged course of antibiotics. At 9 months of age, whilst still on treatment, the patient presented with a swelling in the right axilla, which was shown to be osteomyelitis of the 6th rib, with cold abscess formation. He was managed with surgical debridement and antibiotics. The patient was also given interferon following the immunological testing. This identified a heterozygous IL-12 gene variant and reduced production of interferon-gamma to all stimuli.

G382(P) ABSTRACT WITHDRAWN

G383(P) 8 HIGH IMPACT INTERVENTIONS: A REGIONAL SURVEY OF TRAINEE EXPERIENCE

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Aims To explore local trainees' experience, identify emerging themes, good practice examples and make key regional recommendations.

Method A voluntary questionnaire was designed based on the '8 High Impact Actions to Improve the Working Environment for Junior Doctors' document by NHS Improvement. This

was circulated on paper at trainees' regional teaching days and online via Survey Monkey from December 2018-March 2019.

Results 143/306 (47%) trainees responded.

Conclusions Our survey demonstrated local good practice examples. Implementation of our recommendations with School Board Support will improve junior doctors' working conditions as outlined by NHS improvement.

G384(P) NO NEWS ISN'T NECESSARILY GOOD NEWS: REGIONAL EXPERIENCE OF EXCEPTION REPORTING BY TRAINEES

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Aims As part of a wider piece of work looking into the '8 High Impact Interventions to Improve the Working Lives of Junior Doctors' document, we gathered data on trainees' experience of how often they worked beyond their scheduled hours, then their experience of the exception reporting systems. The system is designed to allow doctors to report concerns that compromise their safety or training, to allow trusts to remedy the issues in a timely fashion.

Methods A voluntary questionnaire was designed based on the '8 High Impact Actions to Improve the Working Environment for Junior Doctors' document by NHS Improvement. This was circulated on paper at trainees' regional teaching days and online via Survey Monkey from December 2018-March 2019.

Results Responses were received from 47% (143/306) of trainees. 18% (124/136) reported working over their scheduled hours daily, 37% (50/136) reported working over hours weekly. 88% (116/132) of trainees stated they had never exception reported.

Of the remainder:

- 4% (5/132) reported once

Abstract G383(P) Table 1

	Emerging themes	Recommendations
1. Tackling work pressures	Heavy workload, regular tasks that could be done by non-medical practitioners and documentation duplication.	QI projects to streamline processes e.g. finding procedure consumables. Encouraging upskilling of non-medical professionals.
2. Rest Breaks and safe travel home	Excessive workload, rota gaps and poor/no rest facilities.	Sleep advice as part of all trusts' induction programmes. Changes to travel home arrangements due with 2019 Junior Doctor Contract changes.
3. Access to food and drink	Difficult access to catering facilities (time/location) and drink restrictions in some clinical areas.	Encouraging water fountains/drink stations and promoting a take-your-breaks culture.
4 & 5. Engagement between trust board, managers and trainees	Few opportunities to network or attend meetings due to short rotations and busy rotas.	Encouraging trainees to participate in paired learning, shadowing schemes and on-the-job leadership training
6. Rotas promoting work life balance	Rota gaps, lack of flexibility and trainees working beyond rostered hours; reluctance to exception report as concern about negative senior responses.	Promote culture of trainee involvement in rota design and exception reporting.
7. Promoting excellence	Trainees greatly value acknowledgement and gratitude for their hard work.	Continue promoting a positive culture, including more work- based assessment opportunities, excellence reporting and trust awards.
8. Wellbeing, support and mentoring	Varied amount and knowledge of local and regional support	Designated wellbeing reps, signposting and wellbeing sessions